



BOARD OF REGISTERED NURSING

P.O. Box 944210, Sacramento, CA 94244-2100

P (916) 322-3350 / www.rn.ca.gov

Ruth Ann Terry, MPH, RN, Executive Officer

NURSE PRACTITIONER PROGRAM TOTAL CURRICULUM PLAN

PROGRAM LENGTH: Specify the number of quarters/semesters required to complete the program.

Semesters _____

Quarters _____

If the program is not offered in semesters/quarters, specify the format:

PREREQUISITES: Specify any prerequisites, including degree(s) and /or course work, required for admission to the program.

PROGRAM REQUIREMENTS: List the name and number of all courses of the program in sequence. Include any general education courses.

Circle appropriate semester/quarter:

1

2

3

4

Course Name and Number	Total Units	Lecture		Clinical		Total Hrs	
		Units	Hr/Wk	Units	Hr/Wk	Lec.	Clin.
Total							

Circle appropriate semester/quarter:

1

2

3

4

Course Name and Number	Total Units	Lecture		Clinical		Total Hrs	
		Units	Hr/Wk	Units	Hr/Wk	Lec.	Clin.
Total							

Circle appropriate semester/quarter:

1

2

3

4

Course Name and Number	Total Units	Lecture		Clinical		Total Hrs	
		Units	Hr/Wk	Units	Hr/Wk	Lec.	Clin.
Total							